

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06105-3730

██████████, 2018  
Signature Confirmation

Client ID ██████████  
Request #119851

NOTICE OF DECISION

PARTY

██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████ 2018, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") granting State Supplement benefits under the Aid to the Aged, Blind, and Disabled ("AABD") program effective for ██████████, 2018.

On ██████████, 2018, the Appellant requested an administrative hearing to contest the effective date of the AABD benefits as determined by the Department.

On ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for ██████████, 2018.

On ██████████, 2018 in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████. Appellant  
██████████, CLA Group Home Manager for ██████████,  
Appellant's Representative  
██████████, Area Coordinator for ██████████, Appellant's  
Representative  
Mario Ponzio, Department's Representative via telephone  
Miklos Mencseli, Hearing Officer

The hearing officer held the record open for the submission of additional evidence from the Appellant Representatives and the Department. On [REDACTED], 2018, the hearing officer closed the record.

### **STATEMENT OF THE ISSUE**

The issue is the effective date of State Supplement (“AABD”) benefits.

### **FINDINGS OF FACT**

1. The Appellant was actively receiving Medical and Food Stamp benefits. (Hearing Record)
2. The Appellant was living in the community with his parents. (Hearing Record)
3. The Department sent the Appellant a W-1ER redetermination form. (Hearing Record)
4. On [REDACTED], the Appellant was admitted into [REDACTED]. (Exhibit 6: Department’s Case notes for the period of [REDACTED] 17 through [REDACTED]-18, Hearing Record)
5. The Appellant’s Helper/Representative completed the W-1ER form and submitted the form to the Department. It is dated [REDACTED], 2017. It is noted on first page on the side of the W-1ER that the Appellant moved into “[REDACTED]”. (Exhibit 9: W-1ER dated [REDACTED]-17)
6. The Department received the W-1ER on [REDACTED] 2017. (Exhibit 10: Department’s ImpACT Document Details printout screen)
7. On [REDACTED], 2017, the Department completed the redetermination for W01/Q01 programs. (Exhibit 6, Hearing Record)
8. On [REDACTED], 2017, the Department sent the Appellant a Warning Notice regarding Essential Services Programs. The notice was sent to [REDACTED] Group Home address. (Exhibit 7: Notice dated [REDACTED]-17)
9. On [REDACTED] 2017, the Department sent the Appellant an EBT Inactivity Warning Notice regarding SNAP benefits. The notice was sent to [REDACTED] Group Home address. (Exhibit 8: Notice dated [REDACTED]-17)
10. On [REDACTED], 2018, the Department received a W-1F form for the Appellant and a W-298 Authorization For Disclosure Of Information form. (Exhibit 5: W-1F form, Exhibit 6: Department’s Case notes for the period of [REDACTED]-17 through [REDACTED]-18, Exhibit 11: W-298 form, Hearing Record)

11. The Appellant's Representatives indicated on the W-1F that the Appellant was applying for Money Assistance and Medical. (Exhibit 5)
12. On [REDACTED], 2018, the Department mailed the Appellant's Representative a W-1E application with a note stating that the W-1F is the incorrect form, the Department no longer accepts the form. (Exhibit 5, Hearing Record)
13. On [REDACTED], 2018, the Department received a phone call from the Appellant's Representatives regarding the proper form to submit for the Appellant regarding AABD benefits. (Exhibit 5)
14. On [REDACTED], 2018, the Department received a W-1E Application for Benefits for the Appellant. (Exhibit 2: W-1E dated [REDACTED]-8, Exhibit 4: Document Details printout)
15. On [REDACTED], 2018, the Department granted the Appellant AABD benefits effective for [REDACTED], 2018. (Exhibit 1: Department's Case Notes, Hearing Record)
16. The Appellant's Representatives are seeking an application date of [REDACTED], 2017, the date the Appellant was admitted into [REDACTED]. (Exhibit 6)
17. The Appellant's Representatives believe the W-1ER submitted was an application as they reported the Appellant's changes, entering [REDACTED] (licensed boarding home). (Hearing Record)

### **CONCLUSIONS OF LAW**

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer AABD State Supplement program.
2. Conn. Gen. Stat., Section 17b-80(a) states that the Department shall grant aid only if the applicant is eligible for that aid.
3. Uniform Policy Manual (UPM) §1505.10 provides for filing an application.
  - A. Application Form
    1. All applicants are required to complete an application form, except as noted below in 1505.10 A.3.

2. The Department may utilize a single uniform application for multiple programs, or separate applications for individual programs.
3. For all programs except Food Stamps, a new application form is not required if the applicant applies not later than thirty days after being released from a correctional or mental disease facility, was a recipient of cash or medical assistance and lost eligibility, directly or indirectly, because of his or her institutionalization within the twenty-four month period preceding the date of his or her release.
4. The Department correctly determined the Appellant is required to complete an application for AABD benefits as he was not being released from a correctional or mental disease facility to the boarding home.
5. UPM § 1505.10D (5) provides the applicant must indicate the programs for which he or she is applying:
  - a. at the time of the application interview; or
  - b. when contacted by the Department for that purpose.
6. The Department correctly determined the W-1ER is not an application form.
7. The Department correctly determined the W-1F is not the correct application form for AABD benefits.
8. The Department correctly determined the W-1E received on [REDACTED], 2018 is the Appellant's application for AABD benefits.
9. UPM § 1505.10D (6) provides the date of application is protected retroactively to the original filing date as long as the applicant informs the Department of the programs for which he or she is applying by the appropriate date noted above in 1510.10 D.5.
10. The Department correctly determined that [REDACTED] 2018 is the Appellant's application date.
11. UPM § 1560.05 provides for Financial Assistance Beginning Dates.
  - A. With the exception of residents of long term care facilities who are applying for AABD benefits, the beginning date of assistance in the AFDC and AABD programs is the date the Department receives a signed application, or the date all eligibility factors are met, whichever is later, as follows:
    1. The date the application is received is used as the beginning date of assistance when:
      - a. financial eligibility exists for the month of application; and
      - b. all categorical and technical eligibility requirements are met as of that date; and

c. procedural requirements are complied with as required during the application process.

12. The Department correctly granted the Appellant's AABD benefits effective for [REDACTED] 2018, the date it received a signed application.

**DISCUSSION**

The Department correctly determined the application date is [REDACTED]-18. That is the date the Department received the correct application for AABD benefits for the Appellant.

**DECISION**

The Appellant's appeal **is Denied.**



Miklos Mencseli  
Hearing Officer

C: Brian Sexton, Operations Manager, DSS R.O. #50 Middletown

### **RIGHT TO REQUEST RECONSIDERATION**

The appellant has the right to file a written reconsideration request within **15** days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within 25 days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Administrative Hearings and Appeals, 55 Farmington Avenue Hartford, CT 06105.

### **RIGHT TO APPEAL**

The appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The 45 day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than 90 days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or the Commissioner's designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.